T.PLACE OF DEATH a. COUNTY b. CITY (It roughle corporate limits, with RUBAL and dive to the country of the country) c. CITY (It roughle corporate limits, with RUBAL and dive to the country) d. FILL NAME OF (It roughle corporate limits, with RUBAL and dive to the country) d. FILL NAME OF (It roughle corporate limits, with RUBAL and dive to the country) d. FILL NAME OF (It roughle corporate limits, with RUBAL and dive to the country) d. FILL NAME OF (It roughle corporate limits, with RUBAL and dive to the country) d. FILL NAME OF (It roughle corporate limits, with RUBAL and dive to the country) d. FILL NAME OF (It roughle corporate limits, with RUBAL and dive to the country) d. C. CITY (It roughle corporate limits, with RUBAL and dive to the country) d. F. C. CITY (It roughle country) D. ADTE (It roughle country) D. A	FILED DEC 1	9 1057		D CERTIF	ICATE OF	DEATH	State	File No.	6134	F.
1. PLACE OF DEATH 2. COUNTY D. CITY (it quited corporate limits, write RURAL and give of RN COUNTY) D. CITY (it quited corporate limits, write RURAL and give of RN COUNTY) D. CITY (it quited corporate limits, write RURAL and give of RN COUNTY) D. CITY (it quited corporate limits, write RURAL and give of RN COUNTY) D. CITY (it quited corporate limits, write RURAL and give of RN COUNTY) D. CITY (it quited corporate limits, write RURAL and give of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. AND COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COUNTY) D. C. LENST (it provided and some of RN COU							าก3 -	1.	1878	}
TOWN St.Louis 170/Ch. St. Louis 170/Ch. St. Loui		TH			2 USUAL RI	ESIDENCE (W			ition: residenc	e befo
O HISTITUTION LITTLE SISTERS OF POOT 3. NAME OF DECEASED DOOR 3. NAME OF DECEASED DOOR 5. SEX JOHN DOOR 6. COLOR OR RACE T. MARRIED. NEVER MARRIED. T. WIDOWED GOVERCED GOVERCED TO THIN DOOR TO THE POOR TO T	OR ~.		URAL and give c. township) S			St.Loui	s	d Is Reside a city or Yes	nce within limits accorporated too	r of MTL
DOTA DOTA Moeller DEATH Dec.10,1957					200 ESS	3225 N.Fl	eive location) .orissant	Ave.		
10a. USUAL OCCUPATION (Give Mod of work of Throst and State of Foreign Country) 12 CITIZEN OF W COVING TON, Ky 113a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 14 NAME OF HUSBAND OR WIFE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea. no. or unknown) (If yea, Now war or dates of service) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. SOCIAL SECURITY 18. SOCIAL SECU		• •	.		Moeller	,	DEATH DE	c.10,1	957	68IT)
COUNTRY COUN	11					1875	9, AGE (In year last birthday) 82			Mi
Herman Kattam Louise Droscher Edward Moeller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY OF THE CONTROL OF THE CONTRO	10a. USUAL OCCUPATIO	ON (Give kind of work ne life, even if retired)	10b. KIND OF BUS	SINESS OR IN- DUSTRY		Covington	,Ky•		COUNTRY?	FWH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY TO. INFORMANT'S SIGNATURE OR NAME ADDRES (Yea., no. or usknown) (If yea., rive war or date of service) 1,89-05-0959 D Mrs. Carrie Eultgen, 3957 Fairview Ave. MEDICAL CERTIFICATION MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH' (n) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH' (n			i							
(See, no. or tuknown) (II yes, give was or dates of service) 1489-05-0959 D Mrs.Carrie Eultgen, 3957 Fairview Ave. 18. CAUSE OF DEATH Enter only one course por line for (a), (b), and (c) *This does not mean the discount failure, asthenia, etc. It means the discount failure, asthenia, etc. It means the discount failure of which cause dath. **Conditions contributing to the death but as for the underlying cause last.** **DUE TO (c) 19. DATE OF OPERA. 190. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUIGDE (Specify) 21b. PLACE OF INJURY (e.g., laser about 1) Home. farm. Instany. etc. st. st. and a s				-					Anne	FCC
18. CAUSE OF DEATH Enter only one outse per Iline for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, test. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICION 21b. PLACE OF INJURY (s.e., la or about) FINJURY 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME MOBILE (Mosta) 19a. DATE OF OPERA: 19b. MAJOR FINDINGS OF OPERATION 21d. Mobile (Mosta) 21d. TIME MOBILE	(Yee, no, or unknown) (If		-4	NO.						
tion which caused death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) bome, farm, factory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) bome, farm, factory, etceet, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) bome, farm, factory, etceet, office bidg., etc.) 21d. Time (Month) (Day) (Year) (Hour) bome, farm, factory, etceet, office bidg., etc.) 21d. Time (Month) (Day) (Year) (Hour) bome, farm, factory, etceet, office bidg., etc.) 21d. Time (Month) (Day) (Year) (Hour) bome, farm, factory, etceet, office bidg., etc.) 21d. Time (Month) (Day) (Year) (Hour) bome, farm, factory, etceet, office bidg., etc.) 22f. How DID INJURY OCCUR? 22f. H	line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT Condition	ING TO DEATH*(a) — AUSES s, if any, giving DUE ause (a) stating use last.		0~SC/EF0)	AC \ HER	7- 8 N (A	<u>car</u>		
218. ACCIDENT (Bpecily) 21b. PLACE OF INJURY (s.g., in or about SUICIDE (Month) (Day) (Year) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I atlended the deceased from (AY) (1957), to (CT) (1957), that I last saw the deceased from (AY) (1957), to (CT) (1957), that I last saw the deceased from (AY) (1957), to (CT) (1957), that I last saw the deceased from (AY) (1957), to (CT) (1957), that I last saw the deceased from (AY) (1957), to (CT) (1957), that I last saw the deceased from (AY) (1957), to (CT) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (23b. ADDRESS) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (23b. ADDRESS) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (23b. ADDRESS) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (23b. ADDRESS) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (23b. ADDRESS) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (23b. ADDRESS) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (1957), that I last saw the deceased from (AY) (Degree of Nitley) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), that I last saw the deceased from (AY) (1957), t					. 421			00		
SUICIDE SUICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK	19a. DATE OF OPERA-	19b. MAJOR FIN	DINGS OF OPERATIO	ON .			·			77 NO [
22. I hereby certify that I attended the deceased from TRY 22. I hereby certify that I attended the deceased from TRY 23. I how the causes and on the date stated above. 23a. SENATURE (Degree on title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY Dec. 12, 1957 Calvary Cemetery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Degree on title) 24c. NAME OF CEMETERY OR CREMATORY St. Louis, Missorii. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNEFIL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OF TUNEFIL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OF TUNEFIL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OF TUNEFIL DIRECTOR'S SIGNATURE OF TUNEFIL DIRECTOR'S SIGNATURE ADDRESS OF TUNEFIL DIRECTOR'S SIGNATURE OF TUNEFIL	21a. ACCIDENT SUICIDE HOMICIDE					<u></u>	P) (C(OUNTY)	(STATE	:)
align of ICC 7, 1957 and that death occurred at 7 A. m., from the causes and on the date stated above. 23a. SGNATURE (Degree orbitale) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY Dec. 12, 1957 Calvary Cemetery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (State 157 PREG.) REGISTRAR'S SIGNATURE PAGE 157 PREG. REGISTRAR'S SIGNATURE PAGE 157 PREG. REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE PAGE 157 PREG. REGISTRAR'S SIGNATURE REGISTRAR'S	21d, TIME (Month) OF INJURY	(Day) (Year)	WHILEAT	NOT WUILET	ZIF. HOW DID I	NJURY OCCURÍ				
240. BARTIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (SIBLA TION, REMOVAL Growdry) Dec. 12, 1957 Calvary Cemetery St. Louis, Missorii. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNEFAL DIRECTOR'S SIGNATURE ADDRESS BLOCK OF COUNTY ADDRESS B	22. I hereby certify	that I attended to 7, 19 5	he deceased from Zand that death	May 12 at				late stated	above.	
Dec. 12,1957 Calvary Cemetery St. Louis, Missori. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROPERTY ST. Louis, Missori. DEC 1 1 57 REG. Carl Smith maller flormelly, 3840 Carley Chicago.	Inna	* ~ ~	lotte 1		240	35-11.	Grand	My	12-10	ک ′
DEC 11 57 Earl Smith m. Wher fromelly 3840 enles 810	24a. BURIAL, CREMA TION, REMOVAL (Speed) BURIAL		1957 Calv		tery	St.	Louis Mi	s sozi i.	•	LB (JE)
	DEC 1 1 57	1. Ear	e Smith	malu	Mur fix	melly	3840	Jende	14 18	id

3761.81.55 rming ton, Ty. intard Fceller. redissoria esimal 19-65-6959 time formie biltennijij einder wo.

STATEMENT BY LICENSED EMBALMER

0...

Licensed Embalmer No.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embala by me, or by

working under my personal supervision..

Student Signature of Student Embelmer

P. O. Address Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fails

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.